DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Form (RF-3)

H29219D

SUMMARY SHEET

(Change in Company's premium or rate	September 1, 2006		
	(1)	. (2)	(3)	
	(1)	Annual Premium	Percent	
	Coverage	Volume (Illinois)*	Change (+ or -)**	
	SOTOLAGO			
1.	Automobile Liability			
	Private Passenger			
	Commercial	- the state of the		
2.	Automobile Physical Damage			
٠.	Private Passenger			
	Commercial			
3.	Liability Other Than Auto		<u></u>	
3. 4.	Burglary and Theft			
4. 5.	Glass			
5. 6.				
	Fidelity			
7.	Surety		<u> </u>	
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners	-		
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$505,000	0.0%	
	Line of Insurance			
	N			
	iling only apply to certain territory (ter	ritories) or certain classes? If so, specif	у:	
N <u>A</u>			· <u>· · · · · · · · · · · · · · · · · · </u>	
rief d	lescription of filing. (If filing follows:	rates of an advisory organization, specif	y organization):	
		ss costs adjusted by our multiplier of 2.8	336 with deviations of -17.3% for	
Hard	ware, -20.9% for Wholesale and -24.59	% for Implement Dealers.		
	QUEIALI Rate Lew		· Cover letter	
		- C41111-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
* Ac	ljusted to reflect all prior rate changes.			
► Ch	nange in Company's premium level wh	ich will		
res	sult from application of new rates.			
•	e-			
	STATE OF ILL	Parent -		
	15 OF ILL	S 3/In SUE	erican Hardware Mutual Ins Co	
	·)	Name of Company	
	D .	0.0		
	0 1	<i>2006</i>		
	ومستوين	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	CPRINCFIELD, I	Micl	hael Wiseman,FCAS,Treasurer	
	, i	L IMO	Official - Title	

ILLINOIS SUMMARY SHEET

FORM RF-3

Jila!	ge in Company's premium or	rate level produced by rate	revision effective	/1/2006
	(1)		(2) Annual Premium	(3) Percent
	Coverage		Volume (Illinois)*	Change (+ or-)**
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damag Private Passenger Commercial	ge		
3.	Liability Other than Auto			
4.	Burglary and Theft			
5 .	Glass			
6.	Fidelity			
7.	Surety	Single Single		
8.	Boiler and Machinery	· · · · · · · · · · · · · · · · · · ·	*a-}	
9.	Fire	MIC 0.1 000	****	·
10.	Extended Coverage	AUG 0 1 2006	· · · · · · · · · · · · · · · · · · ·	
11.	Inland Marine	Comme		
12. 13.	Homeowners Commercial Multi-Peril	כיגעעיו, משבותפיגונדים.	19	
13. 14.	Crop Hail	•	j	
15.	Workers Compensation		\$ 14,095,162	10.7%
16. 16.	Other			
	Line of Insurance	•		
	filing only apply to certain te			
3000	นธระกษยงกางสาเหายู (แากเกษา	Dilows rates of all advisory		
	olier of 1.40 to 1.55 applicable	to our currently filed 1/1/2006	NCCLL nee Chete Idelave	nd effective date of April 1, 200

American Interstate Insurance Company

Name of Company

Kathy Wells, State Filings Coordinator

Official — Title

SUMMARY SHEET

Change	in	Company's	premium	or	rate	level	produced	bу	rate
revisio	on o	effective	10-1-06						

	· · · · · · · · · · · · · · · · · · ·	
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	<pre>Volume (Illinois)*</pre>	<u> Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Dam	age	
Private Passenger		
Commercial		
3. Liability Other Than Au	to	
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensat	ion \$8,208,49	8 +0.3%
Line of Insurar		
Does filing only apply to on the so, specify: Applies to	ertain territory (territorie o all territories	es)or certain classes?
organization, specify organ	g. (If filing follows rates nization): Filing to switch	from using NCCI's advisory
rates in Illinois to using	NCCI's loss costs with a con	mpany specific multiplier.
		SION OF INSURANCE STATE OF ILLINOIS/IDEPR
		FILED
* Adjusted to reflect all ** Change in Company's prem	= = = = = = = = = = = = = = = = = = = =	OCT 0 1 2006
result from application	of new rates.	i
		CTRINGFIELD, ILLINOIS
	Bituminous Casual	
	Name of Co	ompany
	Dan Trotter, Director - Rat	
429219D	Official -	Title

SUMMARY SHEET

Form (RF~3)

Change	in	Company's	premium	or	rate	level	produced	bу	rate
revisio	n e	effective	10-1-06						

TCVIDION CITCCEIVC TO I OU		
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
_		
14. Crop Hail 15. Other Workers Compensation	\$6,594,109	+0.3%
Line of Insurance Does filing only apply to certain If so, specify: Applies to all te		r certain classes?
Brief description of filing. (If organization		
rates in Illinois to using NCCI's	loss costs with a compan	y specific multiplier.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Name of Company					
Dan Trotter, Di	rector - Rate Developmen	nt & Filings			
Official - Title					

Bituminous Fire and Marine Insurance Company

ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		<u> </u>
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	312,400	-7.8%
	Line of Insurance		
Doe No.	s filing only apply to certain territory (territories	s) or certain classes? If so, specify:	
	description of filing. (If filing follows rates of a dopt NCCI's 1/1/2006 loss costs and change	an advisory organization, specify organization): the company deviation from ±30% to ±15%	
10.5	dopt Noors in 1/2000 loss costs and change	and demparty deviation from 2007s to 1107s	

Crum & Forster Indemnity Company
Name of Company

0 1 2006

SPEINGFIELD, ILLINGIO

^{**}Change in Company's premium level which will result from application of new rates.

STATE CFILE (CIS/Lacret

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

AUG - 1 2006

Change in Company's premium or rate level produced by rate revision effective PRINGALESD112009OIS

(1)		(2) Annual Premium	(3) Percent	
	Coverage	Volume (filinois)*	Change (+ or -)**	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto		- 111 - 111	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety		· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery			
9.	Fire	 		
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail	_		
15.	Other Workers Compensation	312,400	-7.8%	
	Line of Insurance	——————————————————————————————————————		
Does No.	filing only apply to certain territory (territory	ries) or certain classes? If so, specify:		
		of an advisory organization, specify organization of the company deviation from +30% to +15%		
	isted to reflect all prior rate changes. ange in Company's premium level which w	vill result from application of new rates.		
		Crum & Forst	er Indemnity Company	
			e of Company	
		Of	ficial – Title	

Effetive Date Charel-only

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

AUG - 1 2006

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. 2. 3.4. 5.6. 7.8. 9. 10. 11. 12. 13. 14. 15.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers' Compensation Life of Insurance Does filing only apply to cert classes? If so, specify: Not	Applicable	
	Brief description of filing. organization, specify organization	(if filing follows rat ation): <u>LCM Revision and F</u>	es of an advisory Premium Discount Change
	*Adjusted to reflect all pri **Change in Company's premium new rates.	or rate changes. Tevel which will resul	t from application of
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR	Farmers Insurance Exchang	
	STATE OF ILLINOIS/IDFPR	Name of	Company FILED

James J. Gebhard, FCAS, MAAA - Actuary MAR 1 7 1983

SOS . ISU . CODE UNIT

SPRINGFIELD, ILLINOIS

0 : 2006

SUMMARY SHEET

Change in Company's premiure 9/1/06	m or rate level produced l	by rate
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	E 1	
6. Fidelity 7. Surety 8. Boiler and Machine CEIV		
8. Boiler and Machine		
9. Fire) <u>e </u>	
10. Extended Coverage APR 2 0 200		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Penvision of INS 14. Crop Hail	PED NOE	
13. Commercial Multi-Designion of INS		
14 Crop Hail		
15. Other Workers Compensation	626,213	4.0
Line of Insurance		
Does filing only apply to certain If so, specify:	territory (territories)or	certain classes?
		
Brief description of filing. (If organization, specify organization Adopt 1/1/05 and 1/1/06 rate revis	n):	an advisory
		
and DTEC as set forth in NCCI Circ		
and CIF-2005-11	VISION OF	INSURANCL NOIS/IDEPP
* Adjusted to reflect all prior of the state	rate changes. vel which will rates. SEP 0 1	2006
	CTT!NGF ELD Graphic Arts Mutual Insu	L'LINOIS
	Name of Compa	
	Name of Compa	y
G	George T. Dodd - Vice Pr	esident/Actuary
	Official - Tit	

SUMMARY SHEET

	Change in (Company's premium or r	ate level produced by rate revision effective	September 1, 2006
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		oile Liability Passenger		
2.	Automol	oile Physical Damage Passenger		
3.	Liability	Other Than Auto		
4.	_	and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire			
10.	Extended	d Coverage		
11.	Inland M	larine		
12.	Homeow	/ners		
13.	Commer	cial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Workers'		
		Compensation	1,263,496	+2.4%
		Line of Insurance		
Does	filing only a	apply to certain territory	(territories) or certain classes? If so, specify:	
	description Revision	of filing. (If filing follo	ws rates of an advisory organization, specify	organization):

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
SEP 0 1 2006
SPRINGFIELD, ILLINOIS

Hastings Mutual Insurance Co.
Name of Company

Judy E. Van Aman
Product Manager
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
utomobile Liability Private		
Passenger		
Commercial		
utomobile Physical Damage		
Private Passenger		
Commercial		
iability Other Than Auto		
urglary and Theft		
lass		
idelity		
urety		
oiler and Machinery		
ire		
xtended Coverage		
nland Marine		
omeowners		
ommercial Multi-Peril		
rop Hail		
ther Workers' Compensation	\$1,263,187	-0.6%
Life of Insurance		
oes filing only annly to cert	tain territory (territo:	riesi or certain
loes filing only apply to cert	tain territory (territo: Applicable	ries, or certain
oes filing only apply to cert lasses? If so, specify: <u>Not</u>	tain territory (territo Applicable	ries; or certain
oes filing only apply to cert lasses? If so, specify: Not	Applicable	ries) or certain
lasses? If so, specify: Not	Applicable (If filing follows rate	es of an advisory
lasses? If so, specify: Not	Applicable (If filing follows rate	es of an advisory
does filing only apply to cert classes? If so, specify: Not drief description of filing. organization, specify organiza	Applicable (If filing follows rate	es of an advisory
lasses? If so, specify: Not	Applicable (If filing follows rate	es of an advisory
lasses? If so, specify: Not rief description of filing. rganization, specify organization	Applicable (If filing follows rates ation): LCM Revision and P	es of an advisory
rief description of filing. organization, specify organization. *Adjusted to reflect all price	Applicable (If filing follows rate ation): LCM Revision and Parties or rate changes.	es of an advisory remium Discount Change
riasses? If so, specify: Not rief description of filing. rganization, specify organization *Adjusted to reflect all prices: *Adjusted in Company's premium	Applicable (If filing follows rate ation): LCM Revision and Parties or rate changes.	es of an advisory remium Discount Change
rief description of filing. organization, specify organization *Adjusted to reflect all prices frame in Company's premium	Applicable (If filing follows rate ation): LCM Revision and Parties or rate changes.	es of an advisory remium Discount Change
rief description of filing. organization, specify organization *Adjusted to reflect all prior *Change in Company's premium few Dates	Applicable (If filing follows rate ation): LCM Revision and Personance or rate changes. Level which will result	es of an advisory remium Discount Change t from application of
rief description of filing. organization, specify organization *Adjusted to reflect all prior *Change in Company's premium few Dates	Applicable (If filing follows ratation): LCM Revision and Por rate changes. level which will result in Mid-Century Insurance Company in the Company Insurance Company Insura	es of an advisory remium Discount Change t from application of
rief description of filing. organization, specify organization *Adjusted to reflect all prices frame in Company's premium	Applicable (If filing follows rate ation): LCM Revision and Personance or rate changes. Level which will result	es of an advisory remium Discount Change t from application of

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate it	evel produced by rate revision effective _	(3)
<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		<u></u>
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		<u>-</u>
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	11,708	+12.2
Does filing only apply to certain territory	(territories) or certain classes? If so, spec	ify: <u>No</u>
Brief description of filing. (If filing follows that will give the Nationwide companies this filing on the Nationwide group of con	rates of an advisory organization, specify the same product used by the Allied group organies is +12.2%.	organization): We are making a filing of companies. The overall effect of
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	:. hich will result from application of new ra	tes.
	Nationwide	Mutual Fire Insurance Company
		Name of Company
	Duane	Hartley - Sr. Filing Analyst
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate I	evel produced by rate revision effective _	9/15/06 -New Bus, 11/15/06 -Renewal
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	1,261,816	+12.2
Does filing only apply to certain territory	(territories) or certain classes? If so, spec	ify: <u>No</u>
Brief description of filing (If filing follows	rates of an advisory organization, specify	organization): We are making a filing
that will give the Nationwide companies	the same product used by the Allied grou	p of companies. The overall effect of
this filing on the Nationwide group of cor		
*Adjusted to reflect all prior rate change:	S.	
**Change in Company's premium level v	which will result from application of new ra	tes.
	Nationwic	le Mutual Insurance Company
		Name of Company
	Duane	Hartley - Sr. Filing Analyst
		Official – Title



ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	9/15/06 -New Bus, 11/15/06 -Renewa
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial _		
2. Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety _		
8. Boiler and Machinery _		
9. Fire _		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	40.470	+12.2
15. Other Workers Compenation Line of Insurance	10,479	+12.2
Does filing only apply to certain territory (to	erritories) or certain classes? If so, speci	ifv: No
boos ming only apply to obtain tormory (5	
Brief description of filing. (If filing follows rather that will give the Nationwide companies the	ates of an advisory organization, specify	organization): We are making a filing
this filing on the Nationwide group of comp		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new ra	ies.
	Nationwide Prop	erty & Casualty Insurance Company
	T48BOHWIGE I TOP	Name of Company
		· ·
	Duane	Hartley - Sr. Filing Analyst
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 1 5 2006

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,447,283	-11.3%
	Line of Insurance		
Does	s filing only apply to certain territory (territories	s) or certain classes? If so, specify:	

The North River Insurance Company

Name of Conspany

Official – Title

U 1 2006

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	nge in Company's premium or rate level pro-	duced by rate revision effective	August 1, 2006
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		-
_	Passenger Commercial		
2.	Automobile Physical Damage		
3.	Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5.	Glass	·	
6.	Fidelity		
7.	Surety		_
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	·	
15.	Other Workers Compensation Line of Insurance	2,447,283	-11.3%
	usted to reflect all prior rate changes. nange in Company's premium level which wil	I result from application of new rates.	
		•	orth River Insurance Company
			Name of Company
	2 ffective		Official Title
	Date (lange	
	On	14	
		Si	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR AUG - 1 2006 PRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>January 1</u>, .2006

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other than Auto Burglary and Theft Glass		
6. Fidelity 7. Surety 8. Boiler and Machinery		
9. Fire 10. Extended Coverage 11. Inland Marine		
12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Workers Compensation 16. Other	5,806	+6.3% = 6,172
Line of Insurance Does filing only apply to certain territory (territories) or certain	classes? If so specify	lo
		-
Brief description of filing (if filing follows rates of an advisory of Adoption of NCCI Advisory Loss Co		

* Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE

DIVISION OF INSURANCE

JAN 0 1 2006

SPRINGFIELD, ILLINOIS

Preferred Professional Insurance Company

Name of Company

Official — Title

Jim McCoy, VP-Ins Operations Division

SUMMARY SHEET

Change in Company's premium revision effective 9/1/06		by rate
(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	<u> Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial 		
 Automobile Physical Damage Private Passenger Commercial 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	TREE	
7. Surety 同居CE		
8. Boiler and Machinery		
9. Fire npp 2	8 2006	
11. Inland Marine	H (NIPC)	
12. Homeowners	OF INSURA	
12. Homeowners 13. Commercial Multi-Peril SPR 14. Crop Hail		
II. Olop mall		
15. Other Workers Compensation Line of Insurance	28,134	4.0
Does filing only apply to certain If so, specify:	territory (territories)on	r certain classes?
Brief description of filing. (If organization, specify organization Adopt 1/1/05 and 1/1/06 rate revi	on):	an advisory
and DTEC as set forth in NCCI Cir	culars IL-2004-05, IL-200	5-11, CIF-2004-09
and CIF-2005-11	Î · VISION	V OF INC.
* Adjusted to reflect all prior ** Change in Company's premium le result from application of new	vel which will SEP rates.	NOF INSURANCE DE DILLINOIS/IDFPR 0 1 2006
	Republic-Franklin Insur	ELD, ILLINOIS
	Name of Compa	iny
	George T. Dodd - Vice Pr	esident/Actuary

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level pro	oduced by rate revision effective 6/1//	<u>06.</u>
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or –)**
1.	Automobile Liability		•
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	<u> </u>	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		•
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	3,341,000	6.370
16.	Other		
	Line of Insurance		•
Does	filing only apply to certain territory (territo	ories) or certain classes? If so, specify	
Brief	description of filing (if filing follows rates LLINDIS - VOLU UTAMY Y EFF . JANUARY 1, 2006	s of an advisory organization, specify organization MARKET - ADVISORY RATES	tion)_ + RATING VALUES
*	Adjusted to reflect all prior rate changes. Change in Company's premium level which		

Change in Company's premium level which will result from application of new rates.

DIVISION O:

STATE OF L. STATE

FILED	Hock	wood Casual	ty lus. Co.
y s.—-		Name of Company	,
JUN 1 1 2006 /	NORA	M. SNYDEL,	KEGULATORY
ILINOIS		Official — Title	COMPLIANCE OFFICEL.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
utomobile Liability Private		
Passenger		
Commercial		
utomobile Physical Damage		
Private Passenger		
Commercial		
iability Other Than Auto		
urglary and Theft		
lass		
idelity		
urety		
oiler and Machinery		
ire		
xtended Coverage		
nland Marine	***************************************	
omeowners		
ommercial Multi-Peril		
rop Hail		
ther Workers' Compensation Life of Insurance	\$13,379,185	+6.8%
oes filing only apply to cer	tain territory (territo	ries) or certain
oes filing only apply to cer lasses? If so, specify: Not	tain territory (territo Applicable	ries) or certain
oes filing only apply to cer lasses? If so, specify: Not brief description of filing. organization, specify organiz	Applicable (If filing follows rate	es of an advisory
classes? If so, specify: Not specify: Not specify organization, specify organization. *Adjusted to reflect all pri	(if filing follows ratation): LCM Revision and P	es of an advisory remium Discount Change
classes? If so, specify: Not specify: Not specify organization, specify organization. *Adjusted to reflect all pri	(if filing follows ratation): LCM Revision and P	es of an advisory remium Discount Change
classes? If so, specify: Not specify: Not specify organization, specify organization. *Adjusted to reflect all pri	(If filing follows ratation): LCM Revision and Por rate changes. Tevel which will resul	es of an advisory remium Discount Change
classes? If so, specify: Not specify: Not specify organization, specify organization. *Adjusted to reflect all pri	(If filing follows ratation): LCM Revision and Por rate changes. level which will resul	es of an advisory remium Discount Change t from application of
classes? If so, specify: Not specify: Not specify organization, specify organization. *Adjusted to reflect all pri	(If filing follows ratation): LCM Revision and Por rate changes. Tevel which will resul	es of an advisory remium Discount Change t from application of
classes? If so, specify: Not specify: Not specify organization, specify organization, specify organization, specify organization.	(If filing follows ratation): LCM Revision and Por rate changes. level which will resul	t from application of Company Fire

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
_	Passenger Commercial		
2.	Automobile Physical Damage		
_	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety		
o. 9.	Boiler and Machinery Fire		Wat PARKET
9. 10.			
10.	Extended Coverage Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		-
14.	Crop Hail		
15.	Other Workers Compensation	7,622,568	-11.8%
10.	Line of Insurance	1,022,000	
Does	filing only apply to certain territory (territories	s) or certain classes? If so, specify:	
No.			
		· - • · · · · · · · · · · · · · · · · · ·	
	description of filing. (If filing follows rates of a		ion):
To a	dopt NCCI's 1/1/2006 loss costs and change	the company deviation from 18% to 0%	

United States Fire Insurance Company
Name of Company

Guth A. Quecholse

Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/DEPA

0 | 2006

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

VISION OF INSURANCE

SEP U , 2006

Form (RF-3)

SUMMARY SHEET CORNORIELD, ILLINOIS

Change in Company's premium revision effective 9/1/06	m or rate level produced l	by rate		
(1)	(2)	(3)		
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**		
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity				
7. Surety 8. Boiler and Machinery	I DECE			
9. Fire	PECE	WE B		
10. Extended Coverage		2000		
11. Inland Marine 12. Homeowners	APR 2 8	2006		
13. Commercial Multi-Peril	IDEPH ((MPC)		
14. Crop Hail	DIVISION OF SPRING	INSURANCE FIELD		
15. Other Workers Compensation	3,380,272	3.4		
Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify:				
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt 1/1/05 and 1/1/06 rate revisions				
and DTEC as set forth in NCCI Circulars IL-2004-05, IL-2005-11, CIF-2004-09				
and CIF-2005-11				
<u> </u>				
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will			
Utica Mutual Insurance Company Name of Company				
	Name of Compa	··· y		
George T. Dodd - Vice President/Actuary				
Official - Title				

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Char	nge in Company's premium or rate level p	produced by rate revision effective	August 1, 2006 2000	
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	SPRINGFIELD, ILLINGS Change (****)	
1.	Automobile Liability Private			
١.	Passenger Commercial			
2.	Automobile Physical Damage			
	Private Passenger Commercial			
3.	Liability Other Than Auto		<u> </u>	
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery		<u> </u>	
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation Line of Insurance	7,622,	-11.8%	
Does No.	filing only apply to certain territory (territ	ories) or certain classes? If so, specif	y:	
	description of filing. (If filing follows rates dopt NCCI's 1/1/2006 loss costs and cha			
	usted to reflect all prior rate changes. ange in Company's premium level which	will result from application of new rate	es.	
	United States Fire Insurance Company			
		Name of Company		
			Official – Title	

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